



**TEMPORARY PART-TIME
PAYROLL TIME SHEET**

To: Payroll Office

Month / Year _____

Payroll Record for _____
Name (Please print or type)

Employee ID # _____

Workday begins _____ AM PM Ends _____ AM PM

FRI.	SAT.	SUN.	MON.	TUES.	WEDS.	THURS.	FRI.	TOTAL	S/T	O/T
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Pellissippi State workweek begins 4:31 p.m. Friday and ends 4:30 p.m. Friday. The above schedule has sufficient space to cover a full month of work. Weekly records of hours worked are required to be maintained under Federal Wage and Hour Law.

Signature of Employee _____

Approved: _____
Signature of Supervisor

CMN-part-time